

IMPROVING THE DWI SYSTEM

Drunk Driving in the United States: A Roadmap for Progress

J. H. Hedlund and A. T. McCartt

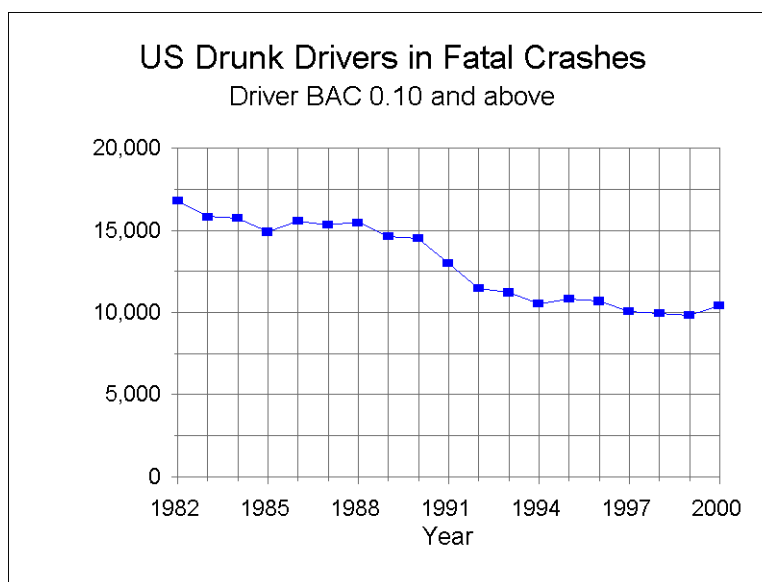
Preusser Research Group, Trumbull, Connecticut, USA

Abstract

The study investigated why drunk driving in the United States has not decreased recently and offers recommendations on what can be done to make further gains. Analyses of traffic crash and roadside survey data, a review of drunk driving research, and interviews with experts from many disciplines all revealed that drunk drivers are not consistently arrested, regularly convicted, or appropriately punished. The study identified problems at each stage of the drunk driving control system. It recommends both specific actions to address these problems and overall strategies to provide the information, management, and resources needed to implement these actions.

Introduction

Drunk driving progress in the United States has stalled. After dropping 37 percent from 1982 to 1994, the number of drunk drivers in fatal crashes with a blood alcohol level (BAC) of 0.10 or above remained virtually unchanged through 1999. The six percent increase in 2000, to 10,408, was the largest annual increase since 1986. Total traffic fatalities involving alcohol show a similar pattern, increasing four percent from 1999 to 2000.



Source: FARS

Methods

The study analyzed traffic crash and roadside survey data to describe the current drunk driving problem and how it has changed over the past 20 years. A review of drunk driving research confirmed what's known about effective and ineffective strategies. Interviews with over 90 knowledgeable persons at national, state, and local levels revealed what's wrong with the drunk driving control system, what's needed to improve it, and how the improvements might be accomplished.

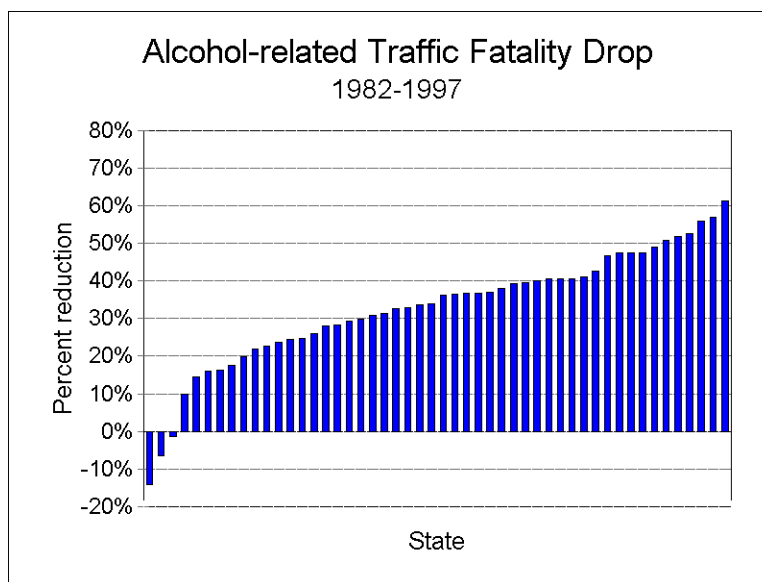
The study's findings, conclusions, and recommendations draw on all these sources. Citations to the original sources are given in the full study report (1).

Results

Public attention to drunk driving in the 1980s led to new laws, increased enforcement, and substantial decreases in drunk driving casualties. Progress on all fronts slowed in the 1990s. By 2000, every state had an elaborate system of drunk driving laws, enforcement, courts, and punishment, but these systems do not work as well as they should. Drunk drivers have little fear of being stopped, arrested, convicted, and punished -- so they continue to drink and drive.

Drunk Driving Changes since 1982

Drunk driving became a national issue in the 1980s, stimulated by the rise of the citizen activist groups RID and MADD. States enacted *per se*, administrative license revocation, mandatory driver's license suspension, and other laws. In 1982, Congress established Section 408 grants that provided funds to states that implemented or already had in place certain drunk driving control laws or programs. In 1984, Congress required all states to raise their minimum legal drinking age to 21. Drunk driving enforcement improved with the use of accurate breath test equipment and standard field sobriety tests. Many states established drunk driving task forces to develop legislation and coordinate drunk driving control activities. Perhaps most important, the understanding grew that drunk driving control requires a coordinated system, with all parts working together.



Source: FARS

From 1982 to 1997, alcohol-related traffic fatalities nationwide dropped by 36%, but this reduction varied substantially by state. Six states reduced their alcohol-related traffic fatalities by more than 50%, while alcohol-related traffic fatalities increased in three states. A recent study that investigated the causes of these substantial differences found that the key reasons for success were effective leadership, secure funding, and fortunate circumstances (2).

Drinking and driving decreased more for youth under 21 than for older drivers. The number of drinking drivers in fatal crashes under the age of 21 dropped 61 percent from 1982 to 1998, compared to 33 percent for drivers aged 21 and above. Young drinking driver fatal crash involvements decreased substantially in all regions of the country and in most states, in contrast to the substantial state-to-state differences observed for older drinking drivers. In part because of minimum drinking age laws, youth drinking decreased during this time period, but not as much as youth drinking and driving: youth have separated their drinking from their driving more than older persons. Minimum drinking age laws and zero tolerance (BAC 0.02 or less) laws for youth played an important role but by themselves do not explain the entire drop. Other factors -- youth drinking and driving prevention programs, other drunk driving measures not directed specifically at youth, and factors completely apart from drinking or driving -- must also have been important even though their effects have not been measured (3).

Drunk Driving Today

- **Drinking and driving is common.** About 21 percent of driving-age Americans reported they had driven after drinking in the past year, making about 950 million drinking-driver trips. In about nine percent of these trips, or about 80 million, the driver's blood alcohol level (BAC) was 0.08 or above (4).
- **Drunk driving arrests are rare.** With 1.55 million arrests for drunk driving (DWI) in 1999, the chances of arrest on any drunk driving trip were less than one in 50 (5).
- **Repeat offenders and drivers with high blood alcohol levels contribute prominently to the problem.** About one-third of all drivers arrested or convicted of DWI are repeat offenders (1). Over half of all drivers arrested for DWI and almost two-thirds of fatally injured drinking drivers had a BAC over 0.15 (6). About 23 percent of all drinking drivers are problem drinkers, but they contribute over 40 percent of all drinking-driver trips (4).
- **States differ substantially.** In some states, only about 10 percent of all drivers involved in fatal crashes had BAC levels over 0.10. In other states, over 25 percent did. States that have reduced drunk driving the most over the past 20 years have effective laws, high-visibility enforcement, and substantial public education built on a foundation of strong leadership, secure funding, and firm commitment (2).
- **Attention to drunk driving has dropped.** The public is more concerned with drugs and crime. Even within traffic safety, the spotlight is on aggressive driving, cell phone use, and tire defects rather than drunk driving (1).
- **Many drunk drivers are not deterred.** While most of the public supports DWI laws and enforcement, a substantial minority of drivers believes it is unlikely that they would be stopped, arrested, or convicted if they drove after drinking too much (4).
- **What is needed?** An improved drunk driving control system will ensure that drunk drivers are consistently arrested, regularly convicted, and appropriately punished. When everyone understands that driving drunk brings frequent and uncomfortable consequences, then fewer people will drive drunk.

Research over 40 years has shown conclusively that good laws that are strongly supported and enforced with meaningful penalties reduce drunk driving. Three other strategies support this system. Public education informs drivers, especially young drivers, about alcohol and drunk driving issues. Alcohol treatment is essential for problem drinkers. Alcohol control measures such as minimum legal drinking ages and alcohol server training help reduce drinking in situations that may lead to drunk driving. With strong laws, enforcement, and punishment at the center, these strategies reinforce and promote a community standard that drunk driving is not acceptable.

A strong system affects everyone. A strong drunk driving control system increases both the public perception and the reality that drunk drivers will be frequently detected, arrested, convicted, and punished. A weak system sends the opposite message: drunk driving is not a serious problem, drunk drivers usually will not be caught, and those caught will not be punished.

Problems and Solutions

Research studies and interviews identified common problems in drunk driving control systems. They do not occur everywhere but are frequent enough that all states and communities should consider them. Research and interviews also identified solutions to these problems.

Problem	Solution
<ul style="list-style-type: none"> • State laws are complex and contain inconsistencies and loopholes 	<ul style="list-style-type: none"> • Review and simplify laws; use the Uniform Vehicle Code 2000 as a starting point
<ul style="list-style-type: none"> • Many drivers refuse to take BAC tests 	<ul style="list-style-type: none"> • Establish penalties for refusing to take the BAC test that are more severe than the penalties for failing the BAC test
<ul style="list-style-type: none"> • DWI enforcement levels and arrest rates are low 	<ul style="list-style-type: none"> • Simplify arrest procedures and paperwork • Provide necessary equipment and training • Enforce a drinking age of 21 and zero tolerance laws for drivers under 21
<ul style="list-style-type: none"> • Many arrested drunk drivers are not convicted 	<ul style="list-style-type: none"> • Eliminate plea bargains to non-alcohol offenses • Eliminate diversion programs that allow offenders to escape punishment • Ensure that administrative hearings do not interfere with criminal proceedings
<ul style="list-style-type: none"> • Many repeat offenders are not identified 	<ul style="list-style-type: none"> • Improve record systems to identify prior drunk driving offenses
<ul style="list-style-type: none"> • Problem drinkers are not identified or treated effectively 	<ul style="list-style-type: none"> • Screen all drunk driving offenders for drinking problems • Require treatment if needed
<ul style="list-style-type: none"> • Even convicted drunk drivers escape meaningful punishment 	<ul style="list-style-type: none"> • Apply administrative and criminal sanctions consistently • Include actions against the offender's car

• Offenders frequently are not monitored to assure they complete their sentences	• Control offenders closely during probation • Use home detention, electronic monitoring, or jail as appropriate • Consider dedicated facilities if needed
• Offenders frequently drive in violation of their license suspension or fail to become re-licensed when eligible	• Monitor offenders closely • Establish and enforce stiff penalties for unlicensed driving
• Law enforcement, courts, and probation lack resources	• Provide steady, dedicated funding
• States need strong leadership for all drunk driving control activities	• Assure that state transportation, health, law enforcement, motor vehicle, and justice departments work together

Considering and addressing these issues will improve a state's drunk driving control system, show the public that drunk driving will not be tolerated, and convince more drunk drivers to change their behavior.

Discussion

Three strategies can link community, state, and national organizations and resources in a renewed effort to reduce drunk driving.

1. **Establish a drunk driving system monitoring program in each state.** Few states have good data to track DWI arrests, court actions, and offender followup. A drunk driving system monitoring program in each state could combine data from official records with data collected directly in communities, in a fashion similar to the court monitoring programs that operated so effectively in the 1980s.

MADD, AAA, and other citizen organizations can operate system monitoring programs. The National Highway Traffic Safety Administration (NHTSA) and other federal agencies can work with organizations representing motor vehicle departments, prosecutors, judges, probation officers, and state officials to design and help communities implement a monitoring program.

2. **Reinvigorate state drunk driving task forces.** State task forces include all constituencies involved with drunk driving control. They can identify problems, suggest solutions, and produce action. State task forces should examine the state's drunk driving laws and procedures, driver and offender record systems, enforcement and adjudication activities, resource needs, and how authority, responsibility, and coordination are assigned among state agencies.

NHTSA should help state task forces by defining a model state drunk driving control program, establishing performance measures for drunk driving enforcement and adjudication, and supporting states as they improve their drunk driving control systems.

3. **Revise state drunk driving grants.** Federal grants are critical to state drunk driving control activities. They provide funds and also encourage states to adopt effective strategies. The

current grant programs are unnecessarily bureaucratic and rigid. The 2003 Surface Transportation Reauthorization should revise the grant programs to:

- Reward successful states and encourage weaker states to improve;
- Provide both flexibility and accountability for results;
- Assure steady funding as long as performance goals are met;
- Use performance-based criteria instead of requiring specific laws or programs;
- Provide substantial funding for state record systems;
- Require states to establish or continue broad-based drunk driving task forces; and
- Require federal Departments of Transportation, Justice, and Health and Human Services to work together in designing and operating these grant programs.

Conclusion

The most effective ways to improve state drunk driving control systems will invest authority and responsibility in people and organizations at all levels, local to national. They will operate in the public eye, using the media to report on problems and solutions. They won't promise instant solutions based on a single action but will take steady steps to long-term improvement. And they will establish mechanisms for identifying and solving problems rather than attempting to apply one-size-fits-all methods.

The goal is an open, effective, consistent, and accountable drunk driving control system, extending from detection to rehabilitation. When everyone understands that driving drunk brings frequent and uncomfortable consequences, then fewer persons will drive drunk. All that's needed is leadership and commitment.

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DWI System Improvements for Dealing with Hard Core Offenders

R.D. Robertson and H.M Simpson

Traffic Injury Research Foundation of Canada,
Ottawa, Canada

Abstract

This paper presents findings from the first phase of a major study that is investigating problems in the criminal DWI system in the United States. The paper focuses on the enforcement phase and examines priority problems and solutions identified by police officers nationwide in the detection and apprehension of repeat offenders.

Introduction

Substantial declines in alcohol-related fatalities recorded in the 1980s and early 1990s have not continued. Indeed, it now appears that these earlier gains are being eroded as the number of people killed in alcohol-related fatalities in the U.S. increased in both 2000 and 2001 (1)(2). These recent changes have generated considerable concern and one by-product will likely be the development and implementation of more laws and regulations. Although such continued expansion might be warranted, it is important to consider as well the need to make the existing laws and regulations work more efficiently and effectively. Recent years have witnessed a remarkable growth in legislation addressing impaired driving in general, and the repeat offender in particular. As a result, the DWI system has become incredibly complex and cumbersome. Consequently, its effectiveness is being compromised at all levels, particularly by repeat offenders who are familiar with the system and routinely exploit its loopholes and inconsistencies to avoid identification and sanctioning. The purpose of the present study is to identify priority problems and practical, cost-effective solutions to make the DWI system more effective and efficient (3)(4).

Methods

A literature review was conducted to identify a broad spectrum of problems and solutions pertaining to DWI enforcement. The problems identified in the literature were collated and expanded based on the authors' knowledge of the system and condensed to reduce redundancy and overlap. This process yielded a list of key problems that affect the detection and apprehension of hard core drinking drivers.

The list of problems was reviewed with front-line police officers in workshops held in six states representing several regions of the country. They were asked to verify, expand and prioritize the problem list and recommend practical solutions. A total of 32 officers representing 20 districts participated in the workshops.

To increase the generality of the findings from the workshops and obtain further quantitative information on such things as the frequency with which such problems were encountered, a survey of 2,731 officers in 16 states was conducted with the assistance of the International Association of Chiefs of Police.

Results

The survey revealed nine problems that impede the detection and apprehension of repeat offenders. In order of priority, they are: paperwork, test refusal, detection, incomplete evidence, medical cooperation, failure to appear, access to records, testimony, and resources. Several of these are described in greater detail below.

Paperwork. Overwhelming paperwork is the most significant problem identified by police officers. It takes an average of 2-3 hours to make a typical DWI arrest in the U.S. due to the multitude of forms that officers must complete. Virtually no other criminal charge requires as much documentation. It is not uncommon for officers to complete more than 15 separate forms and 60% of officers report that extensive paperwork even discourages them from making DWI arrests. In light of this, it is not surprising that only 50% of DWI investigations result in an arrest.

The consequences of the paperwork burden are considerable. Time spent on paperwork is time taken away from direct enforcement and the general deterrence that arises from officers being on the road. Moreover, errors or omissions are more likely to occur in the paperwork due to the repetitive and detailed nature of information required on most forms, and the competing demands for police service which means officers often do not have time to complete forms in sufficient detail.

To rectify this problem, almost 90% of officers support streamlining, simplifying, and standardizing the paperwork to make it more manageable. This is a realistic goal as some agencies have already reduced the paperwork to only a few forms that can be completed in half an hour. As well, officers want broader use of technological applications such as on-board computers and mag-stripe readers to further reduce processing time and eliminate errors. Law enforcement agencies are increasingly automating paperwork so that repetitive information can be carried forward to the appropriate fields and forms are strategically linked. This automation saves considerable time and reports can easily be uploaded to master files (5).

Test Refusal. Officers report that they encounter refusal to cooperate with some aspect of the DWI investigation – e.g., answering questions, performing field sobriety tests (SFSTs), taking a preliminary breath test (PBT), or submitting to a chemical test – in one-third of the cases. Chemical test refusal rates vary substantially across the country with jurisdictions reporting refusals rates ranging from 2-71% (6). Officers in this study report similar refusal rates. Moreover, 95% of officers say that refusals are more common among repeat offenders.

The variation in test refusal rates appears to be a function of several factors, the most important of which is the consequences of refusing. In most states, the consequences for chemical test refusal are nominal and only a few states impose criminal penalties for refusal (7).

By refusing testing, an offender prevents police from gathering critical evidence to support a DWI charge and a potential conviction. This means that sanctions are avoided, and of considerable importance, the suspect will not be identified as a repeat offender if arrested subsequently.

To overcome this problem, officers recommend making test refusal a criminal offense. Currently, fewer than ten jurisdictions in the U.S. have done so (8). Over half of the officers surveyed also support increasing the penalties for this behaviour so they are at least equivalent to those imposed for a DWI conviction. In many jurisdictions, the penalties for refusal are considerably less than the penalties for a DWI conviction, essentially encouraging test refusal.

Detection. Many hard core drinking drivers are alcohol-tolerant and do not typically display the overt signs of intoxication that officers are trained to look for, making detection more difficult. To illustrate, research has demonstrated that approximately 50% of drivers with a BAC in excess of the legal limit are not detected at sobriety checkpoints (9)(10).

Officers cite the lack of intensive training and inconsistent access to devices such as PBTs and passive sensors (PASs) as contributing to this problem. When facing an experienced repeat offender, officers must be careful to note small details during the investigation as these savvy individuals often refuse to cooperate with one or more elements of the investigation and arrest procedures.

Almost 50% of police officers would like more opportunities for enhanced training both at the academy and on-the-job. More than one-quarter of officers say the SFST is the best way to identify this group of offenders and would like more training in its use; 25% want more training particularly in the use of the horizontal gaze nystagmus (HGN) test. Conferences and “refresher” courses were also recommended by 37% of officers as the most useful training technique. Of considerable importance, 50% of officers report they would make more arrests if they received more training.

Incomplete Evidence. DWI investigation and arrest procedures are extremely rigorous and detailed. Police must be aware of and record all potentially relevant evidence that justifies each step they take in the investigation and arrest process. These small details are of great importance particularly when investigating a hard core drunk driver because they rarely exhibit the usual signs of intoxication, making it more difficult for an officer to justify a stop and arrest. Evidence that is overlooked, not recorded, or recorded incorrectly can result in a dismissal or acquittal in court.

Errors in procedure are both a function of a dynamic arrest environment and a lack of standardization in the interview and testing techniques employed by various police agencies. Officers admit it is not uncommon for the SFST to be administered inconsistently, or for officers to use other sobriety tests that have not been scientifically validated. These inconsistencies result in evidentiary problems in court which can translate into the exclusion of valuable evidence, reduced charges and fewer convictions.

Simplifying and streamlining the investigation and arrest process is a primary concern of all law enforcement officers. The current complexities of the arrest process, combined with the dynamic

environment at the roadside, create opportunities for technical and transcription errors. In conjunction with more training, officers desire greater understanding of the evidentiary requirements needed to obtain a conviction. Working together with prosecutors is seen as a viable and meaningful solution to this problem and officers endorse the development of stronger working relationships with prosecutors. This type of collaboration already exists in some states due to the efforts of the National Traffic Law Center housed in the American Prosecutors Research Institute.

Medical Cooperation. Repeat drunk drivers are more likely to be involved in a crash and more likely to seek or request medical attention, even if it is not required. Once at a medical facility, it becomes easy for a drunk driver to avoid detection and conviction as some medical personnel are reluctant to notify police or comply with police requests for needed blood samples (11)(12). Although some officers report receiving excellent cooperation from medical staff, others report considerable difficulties in securing evidence with many officers reporting either resistance or failure to cooperate in 25% of cases involving medical attention. Nearly 20% of officers say they experience such problems in more than half their cases.

Without medical cooperation, it may be impossible for officers to detect impaired drivers involved in crashes. Officers are often delayed at the crash scene and unable to follow-up with the driver immediately, or unable to establish the reasonable suspicion necessary to initiate an investigation as they often have minimal or no contact with the driver at the scene. This means that little evidence can be gathered to support the filing of charges or the prosecution of the impaired driver.

Police officers recommend, as a primary solution to this problem, the development of better communication between police and medical personnel and the establishment of a policy of mutual cooperation in the investigation of impaired driving cases. Efforts to clarify concerns and expectations and discuss legal requirements will assist these professionals in moving towards an acceptable policy that will address concerns. Some jurisdictions have already begun working with medical professionals in this manner and reports indicate that this has resulted in blood draws being made a priority at several medical facilities.

Failure to appear. Repeat drunk drivers are less likely to appear for arraignment or trial in an effort to avoid conviction and sanctioning. When an offender fails to appear, the presiding judge issues a bench warrant ordering the arrest of the defendant. Police officers have the job of locating these defendants and bringing them to court. This is often a difficult task because officers face competing demands and limited resources. Consequently, warrants for misdemeanor DWI offenses are not a high priority. Defendants may also be able to avoid detection through the use of bogus drivers licenses, which are exceedingly difficult to detect.

The extent of failure to appear varies among jurisdictions, and the poor quality of available data makes it difficult to quantify this problem accurately. Failure to appear rates have been estimated as low as 1% or as high as 30%, depending on the jurisdiction and the presence of borders with other states or countries such as Canada or Mexico (13)(14). Unfortunately, when officers cannot locate defendants who fail to appear, the DWI case does not proceed. This means that guilty offenders are not sanctioned for DWI and may not be identified as a repeat offender the next time they are arrested.

Officers support increasing penalties for failure to appear and the use of creative “sting” operations to apprehend these defendants. While some states use a telephone reminder system, others have resorted to luring offenders with free “prizes”. When the defendant appears to pick up their “prize”, they are arrested. Still other jurisdictions have employed amnesty programs that allow a defendant to appear voluntarily and resolve the outstanding charges in exchange for sanctions being waived for failure to appear.

Officers also report the need for improvement to the exchange of driver information between states. In most jurisdictions, police are prohibited from seizing the license of an out-of-state driver, allowing the driver to return to their home state and continue driving without penalty. A better working relationship between licencing agencies would assist in getting impaired drivers off of the roads through the effective application of licencing sanctions .

Discussion

Many of the problems identified in this study are not new. However, they have become more acute as the complexity of the DWI system has grown. As a result of escalating penalties, offenders are searching for loopholes in the system in an effort to avoid conviction and sanctioning. For this reason, rates of test refusal, leaving the scene of an accident, and failure to appear are now increasing. This creates a burden on the system and results in the ineffective and inefficient processing of repeat offenders. This study clarifies how easily they can avoid identification and indirectly provides insight into the extent to which the repeat offender problem may be seriously underestimated.

This trend may continue unless problems are addressed strategically. States need to initiate a comprehensive review of their respective DWI systems, determine where the most significant problems are occurring, and implement the necessary changes to address these issues. The results of this study can provide a valuable tool to law enforcement agencies, legislators and politicians to evaluate and enhance their DWI enforcement programs and improve the detection and apprehension of repeat offenders.

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New Quality Management System for the Selection and the Improvement of DWI in Germany

G. Kroj

Federal Highway Research Institute, Bergisch Gladbach, Germany

Keywords

Quality Management, drivers aptitude assessment, driver improvement, driver licensing

Abstract

This article gives an overview on the new German QM-System for driver licensing, aptitude assessment and improvement.

Initial Position

The German Driver Licensing Regulations (FeV), in accordance with legal requirements, now unite the most important regulations of driver licensing legislation and enable German and foreign drivers to gain an overview of their rights and obligations [1].

In keeping with the topic of my lecture I deal in the following in greater detail with paragraphs 66 – 72 of the above German Regulations for the Licensing of Drivers (FeV); a particularity of this ordinance is that it regulates quality assurance in driving licence-related services in the Federal Republic of Germany through the accreditation of bodies and organisations which support:

1. driver aptitude assessment agencies (§ 66 FeV);
2. Technical Approval Agencies (§ 69 in connection with §§ 10 and 14 of the Act Relating to Motor Vehicle Experts);
3. agencies which conduct courses aimed at restoring driver aptitude (§ 70 FeV in accordance with DIN Standard EN 45013).

The “**Accreditation Agency for Bodies Providing Driving Licence Services**” was set up at the Federal Highway Research Institute (BASt) on 1. June 1998; under §72 of the Driver Licensing Regulations it assumes the accreditation task since 1. January 1999 (DIN Standard EN 45010, March 1998.).

The accreditation of driving licence approval agencies relieves the individual of having to check the agency; the accreditation certificate documents the fact that the agency works according to the rules for this field. The legal security and consequently the confidence in this part of social life rise. In short: checking driving licence approval agencies creates trust in the driving test as an

instrument and promotes its continual improvement. The same applies to the supporting bodies and organisations of agencies which assess driver aptitude (§ 66) and of agencies which offer courses aimed at restoring driver aptitude (rehabilitation or driver improvement programmes, § 70).

The Method of Operation Pursued by the Accreditation Agency

The following chapter gives a short overview of the organisational integration of the accreditation agency at BAST, of its bodies and of its modes of operation.

Expert committees have been appointed for the three accreditation areas mentioned above.

- ⇒ agencies which conduct driver licences;
- ⇒ driver aptitude assessment agencies;
- ⇒ agencies which conduct courses aimed at restoring driver aptitude;

These three expert committees deal with the improvement and development of these measures from the scientific point of view, the integration of experiences made in daily administrative practice and also the interests and concerns of the drivers involved.

In addition to the auditing of the routine checking in situ, a very important role is played by the further development of these important road safety measures on the basis of further technological developments and scientific findings. It must be remembered in this regard that such quality assurance measures must remain financially feasible and be directed towards further developing, in a moderate and socio-politically well-balanced manner and – not least in view of the developments of our European neighbours – under consideration of the standards laid down by the EU through the 2. Council Directive on Driving Licences [2], [3].

Formulation of Requirements

Criteria are necessary in order to be able to check the quality of a service; the service can then be judged to be of sufficiently high quality if it meets these criteria. In view of the fact that quality assurance is a matter of trust and that trust is linked to having rules which govern actions, these criteria must be sought in areas where there is actually something to regulate. A QM system is a system of rules with which it can be ensured that processes take place under controlled conditions and mistakes are avoided.

At present, if QM systems are *certified*, e.g. in accordance with ISO 9001, this certifies that all the critical points contained in the standard have been regulated in the QM system concerned. It is inherent in the nature of this certification process that it only confirms that the QM system meets the requirements of the standard – and does not guarantee the quality of the product or service.

Accreditation goes one step further and refers to the content. The Accreditation Agency for Bodies Providing Driving Licence Services, when formulating accreditation requirements to be made of driving licence approval agencies, has set itself the task of itself ensuring the quality of the test (driver licensing) so that both the candidates and the society can be certain that their concerns are being taken into consideration.

The Accreditation Agency for Bodies Providing Driving Licence Services at BAST is not, however, solely responsible for laying down these requirements; it is advised by the above mentioned three specialist committees which comprise experts in the respective fields from both theory and practice. The requirements, according to the principle of making one's own actions transparent, are then published so that every organisation supporting driving licence approval agencies, assessment agencies and driver improvement programmes knows what to expect (*source: INTERNET www.bast.de*).

The Accreditation Process

The accreditation process can be divided into four main sections: the application procedure, the assessment procedure, accreditation and the monitoring procedure. The actual checking processes in the accreditation procedure are as follows:

- the checking of the QM documents and the documents in which the system for the respective service (e.g. driver licensing) is described. This deals with the question: "Do the documented procedural rules conform to the requirements?"
- the monitoring of the work carried out by the agencies in which the actual service is performed, for example local driver licensing authorities in also described under special auditing procedures. This is concerned with the question: "Does the situation in practice conform to the procedural rules?" (local audits)

The accreditation certificate is only issued for a limited period of five years. It must be renewed after this period ; for this a new accreditation procedure is required; it is, however, not quite as extensive as the first.

The Accreditation Agency for Bodies Providing Driving Licence Services also carries out audits in situ. These should include, for example, auditing twenty per cent of the agencies at which the tests or DI programmes are conducted so that all agencies have been monitored by the auditors once after five years.

Continual Improvement - a Central Element of the Accreditation System

Every manufacturer of products and every provider of services takes it as a matter of course that these products and services must be continually improved if he is to hold his own against the competition. Unfortunately, this requirement does not always find the necessary attention in the case of services, such as the driving test, which are to a certain extent ordered by the government and which are also provided without competition. The proof, required as part of the accreditation process, that there are procedures for continually improving the quality of the driving test therefore constitutes a central element of the overall accreditation system.

Consideration must be given in this regard to a range of very different aspects which could be included to improve driving tests, the driver aptitude assessment and the DI-courses. The following constitute only a few of these:

- the fairness of the test and of the driver aptitude assessment (the same judgement criteria applied everywhere in the same way);
- the objectivity of the test and of the assessment procedures (the test result should be independent of the examiner);

- the accuracy of the test and of the assessment instruments (small number of candidates who pass or fail the test unjustly);
- making it more difficult for corruption to occur;
- continuous analysis of the usefulness of particular test tasks and assessment instruments
- adaptation of the test and the assessment instrument to actual traffic occurrence (relevance of test contents to traffic behaviour);
- inclusion of new findings in test , assessment and DI- matters (inter alia foreign experiences, new media such as for example PC-aided tests, use of driving simulators).

In view of the above demand for fairness, it is required that all improvements are introduced at the same time throughout Germany. Success in a driving test or participation in a driver aptitude test or in a DI programme should not be affected at all by regional effects.

Quantity Structure and Prospects

Two million driving tests take place every year in Germany at about 1,000 test locations (52 million licence holders); 1.5 million driving licences are issued. This produces an annual turnover of about € 170 million. The personnel outlay on the part of the examiners (test capacity) amounts to about 1,000 person years. The responsibility for the driving tests lies with the so-called Technical Approval Agencies, only one of which can be officially recognised by the competent Land for each region. There are a total of 9 Technical Agencies in Germany. The driving tests are organised by the 150 branch offices of the Technical Approval Agencies.

At present there are 16 bodies supporting and 150 assessment agencies which carry out approximately 110,000 assessments of drivers aptitude a year. The personnel outlay required for this amounts to 400 person years (approximately 600 qualified psychologists and physicians are employed as assessors). This results in a turnover of about € 50 million.

40,000 persons participate yearly in 4,000 driver improvement courses which are conducted by 500 especially trained and supervised traffic psychologists. This results in a turnover of approximately € 20 million.

The amount of the described QM-system for driving licence services in Germany is half a million € per year.

It is obviously necessary to have a common and co-ordinated procedure which can include governmental agencies responsible for agreeing to innovations which have been assessed as being beneficial. The work of the Accreditation Agency for Bodies Providing Driving Licence Services could give new impulses in this area.

At the year 2004 after five years, when the first period of the accreditation procedure will be finished, a report should outline the benefits for the road users, as well as for the driver licence services and above all for the road traffic safety in Germany.

At the moment the annual interim reports deliver a lot of practical indications for actual optimisation and continuons improvement of the driver licence services, which are mostly accepted by the involved bodies and agencies.

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Why Aren't Sobriety Checkpoints Widely Adopted as an Enforcement Strategy in the United States?

James C. Fell¹, Susan A. Ferguson², Allan F. Williams², Michele Fields²

¹Pacific Institute for Research and Evaluation (PIRE)
Calverton, MD 20705-3102, USA
Tel.: 301-755-2746; Fax: 301-755-2799; E-mail: fell@pire.org

²Insurance Institute for Highway Safety
1005 North Glebe Road
Arlington, VA 22201-4751, USA

Keywords

Sobriety checkpoints, driving while intoxicated, effectiveness, funding mechanisms, police resources, task forces

Abstract

Sobriety checkpoints have been used by police in the United States for at least the past two decades to enforce impaired driving laws. Research has indicated that sobriety checkpoints are effective in reducing drinking and driving and alcohol-related fatal crashes. Despite this evidence, many police agencies have been unenthusiastic about using checkpoints. Information was collected from all 50 states plus the District of Columbia on the use of sobriety checkpoints. A total of 37 states reported conducting sobriety checkpoints at least once or twice during the year. Only 11 states reported that checkpoints were conducted on a weekly basis. Thirteen states do not conduct checkpoints because of either legal or policy issues. More detailed information was collected from 5 states that conduct checkpoints frequently and matched with information from 5 similar states that conduct checkpoints infrequently. States with frequent checkpoint programs had several common features such as program themes, support from task forces and citizen activist groups, use of a moderate number of police at the checkpoints, and use of all available funding mechanisms (federal, state, local) to support them. States with infrequent checkpoints claimed a lack of funding and police resources as reasons for not conducting more checkpoints, preferred saturation patrols over checkpoints because they were more “productive,” and used large numbers of police officers when they did conduct checkpoints. Ways to overcome perceived barriers to checkpoint use are discussed.

Introduction

Research has indicated that sobriety checkpoints that are well publicized and have high public visibility can serve as a general deterrent to impaired driving (1, 2, 3, 4, 5, 6). A summary of the U.S. literature examined nine studies through the early 1990s and concluded that “the cumulation of evidence supports the hypothesis that checkpoints reduce impaired driving” (7). A demonstration program in Tennessee (“Checkpoint Tennessee”) was sponsored by the National

Highway Traffic Safety Administration (NHTSA) in 1995 to determine if highly publicized checkpoints conducted throughout the state on a weekly basis would have an effect on impaired driving in the state. The evaluation of that program showed a 20 percent reduction in alcohol-related fatal crashes extending at least 21 months after conclusion of the formal program (8). A review of the latest literature on the effectiveness of sobriety checkpoints and random breath testing in reducing motor vehicle crash injuries was recently completed by the Centers for Disease Control (CDC). Six studies that met the study criteria found that checkpoints were effective in reducing alcohol-related fatalities and injuries (9).

Despite the evidence supporting the increased use of sobriety checkpoints and guidance on how to conduct them, many police agencies have been unenthusiastic about adopting this practice. Sobriety checkpoints are still underused, except in a minority of states. The present study provided the opportunity to address the question of why this is so. The approach taken was to attempt to determine why some states conduct checkpoints frequently while other states do not, identifying impediments to checkpoint use as perceived by officials in low-use states.

Methods

In cooperation with the National Association of Governors' Highway Safety Representatives (NAGHSR), a survey questionnaire on sobriety checkpoint use was sent to each state's highway safety office in June 2000. By the middle of July 2000, all 50 states and the District of Columbia had responded.

Ten states were selected for further study. Five reported frequent use of sobriety checkpoints on a statewide basis and were geographically diverse. Five other states that reported infrequent use of checkpoints were selected for comparison. Efforts were made to select high- and low-use states that were similar in population and geography. Inquiries were made as to who makes the decision to conduct checkpoints in the state, how they are funded, how they are publicized, how many police officers are typically used, opinions as to the effectiveness of sobriety checkpoints, the use of other enforcement strategies, and impediments to conducting more checkpoints.

Telephone and personal interviews were used to gather the data. At least two officials, and sometimes as many as five, were interviewed in each state. In each state selected, in-depth interviews were conducted with at least one official from the State Office of Highway Safety, in addition to top-level police officials (e.g., commanders, chiefs, captains) mainly at the state level.

Results

In summary, 37 states plus the District of Columbia reported they presently conduct sobriety checkpoints, and 13 reported they do not. Of the 37 states conducting checkpoints, only 11 states reported they conduct checkpoints at least on a weekly basis throughout the state. Another 13 states and the District of Columbia reported they conduct checkpoints once or twice a month. There were 8 states that reported infrequent use of checkpoints (every other month or only during major holiday periods) and 5 states that conduct them only when resources were available (Table 1).

Table 1: Results of Sobriety Checkpoint Survey of U.S. States*

Are sobriety checkpoints presently conducted in your state?	
Yes (37 states plus DC)	AL, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, IL, IN*, KS, KY, ME, MD, MA, MS, MO, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, PA, SC, SD, TN, UT, VT, VA, WV
No (13 states)	Checkpoints not conducted, but no legal impediment cited: AK. Checkpoints illegal under state law: ID, LA*, MI, MN, OR, RI, TX, WA (violates state constitution); IA, MT, WY (statute authorizes roadblock stops for reasons that do not include sobriety checkpoints); WI (prohibited by statute)
How frequently are sobriety checkpoints conducted in your state?	
Weekly (11 states)	AR, GA, HI, IN, KY, MS, NY, NC, SD, VT, VA
Once/twice a month (13 states plus DC)	CA, CO, DC, FL, IL, KS, MO, NE, NV, NJ, NM, OK, PA, TN
Every other month (4 states)	DE, MD, NH, UT
Only during major holiday periods (4 states)	AL, AZ, MA, OH
Variable, depending upon resources available (5 states)	CT, ME, ND, SC, WV
Where in your state are sobriety checkpoints conducted?	
In every county/jurisdiction (20 states plus DC)	AL, AR, CA, DE, DC, GA, HI, IL, KS, KY, ME, MS, NY, NC, OK, SC, SD, TN, UT, VT, VA
Only in certain counties/jurisdictions (17 states)	AZ, CO, CT, FL, IN, MD, MA, MO, NE, NV, NH, NJ, NM, ND, OH, PA, WV
Which police jurisdictions conduct sobriety checkpoints?	
All (state, local, sheriff, etc.) (27 states)	AL, AZ, CA, CO, FL, GA, IL, IN, KS, KY, ME, MS, MO, NV, NM, NY, NC, OH, OK, PA, SC, SD, TN, UT, VT, VA, WV
State and local police only (6 states)	AR, CT, DE, MD, NH, NJ
State police only (2 states)	MA, ND
Local police only (1 state plus DC)	DC, HI
Local police and sheriff only (1 state)	NE

*Since this survey was conducted, two decisions have changed the status of the law. In July 2000, sobriety checkpoints were held to be legal under the Louisiana Constitution; this overruled an earlier decision. In November 2000, an Indiana intermediate appellate court has held sobriety checkpoints violate the Indiana Constitution; this decision is on appeal.

States with Frequent Sobriety Checkpoints

The 5 selected frequent-use states had several common features:

- In each state, there was a program theme for sobriety checkpoint activities: “Operation Zero Tolerance” (GA), “Operation Pull-Over” (IN), “Project Zero” (NY), “Joining Forces” (NV), “Smart, Safe & Sober” (VA). These themes were highly publicized and provided an impetus for maintaining checkpoint operations.
- In 4 states (GA, IN, NY, NV), checkpoints had been recommended and supported by state task forces. Some of these task forces were statewide (GA, NY), some were from local counties (IN, NV). Task forces generally are made up of officials from different agencies with a role in DWI prevention, citizen activists, and representatives from local businesses and civic groups. They make recommendations to the legislatures, police, etc. regarding DWI issues.
- In all 5 states, a moderate number of police officers (2-15) typically were used at checkpoint operations.
- In 4 states, all available funding from local, state, and federal sources was used to support the cost of sobriety checkpoints.
- In all 5 states, community coalitions and citizen activist groups, such as Mothers Against Drunk Driving (MADD), were supportive of checkpoint programs.

States with Infrequent Checkpoints

The 5 selected infrequent-use states also shared common features:

- Many reasons were given for not conducting frequent checkpoints, but most had to do with a lack of funding and police resources. Other reasons included the possibility of a public backlash, lack of coverage by the media, and inclement weather conditions.
- In 4 states (OH, IL, AZ, MD), large numbers of police officers (15 or more, 30 or more in some instances) typically were used at checkpoint operations. This results in higher costs for checkpoint operations because many of the officers are paid on an overtime basis.
- In 3 states (AL, OH, AZ), “saturation patrols” were preferred as an enforcement tool, with respondents stating that they are just as effective as checkpoints and probably “more productive.”
- Community coalitions or citizen groups generally have not pushed the states for more frequent checkpoints. Only one state (IL) reported that a citizen group, Alliance Against Impaired Motorists (AAIM), supported the use of more checkpoints.
- All 5 states indicated that sobriety checkpoints were effective and that more federal funding would probably increase sobriety checkpoint frequency.

Discussion

In summary, states with and without frequent checkpoints are distinguished by motivational factors and by their approaches to using financial and manpower resources. In the frequent-use states, the motivation for checkpoints comes from a combination of support by task forces, citizen activist groups, police officials who understand the power of checkpoints as a deterrence strategy, and the public. In these states, police resources generally are used efficiently, and various sources of funding are tapped. In states with infrequent checkpoints, available funds often are not sought and too many police officers are used at checkpoints. Some of the barriers to checkpoints can be overcome through education and training. Enlightened task forces and citizen activist groups can provide the motivation to use this effective enforcement tool.

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A Comparison of Driving While Intoxicated Laws in the United States and Canada

L.¹ Degutis, N.^{2,3} Giesbrecht, G.² Stoduto, H.¹ Sayward

¹Yale University School of Medicine, Section of Emergency Medicine
464 Congress Avenue, Suite 260, New Haven, Connecticut 06519, USA

²Centre for Addiction and Mental Health, Addiction Research Foundation Division
22 Russell Street, Toronto, Ontario, Canada M5S 2S1

³Pacific Institute for Research and Evaluation, Calverton Office Park
11710 Beltsville Drive, Calverton, Maryland 20705-3102, USA

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Alcohol, Impaired Driving, Policy

Abstract

This paper examines the similarities and differences in driving while impaired (DWI) laws in the United States (US) and Canada. Essentially all DWI law in the US is governed by state statutes, while many Canadian policies are a part of the Canadian Criminal Code, set by the national Parliament. The federal government in the US has attempted to use financial incentives in order to encourage states to pass more stringent DWI laws, and in particular, a blood alcohol concentration (BAC) limit for DWI of 80 mg%; open container laws, and more severe sanctions for repeat DWI offenders. Legislative records and history have been reviewed in order to determine dates of passage of laws as well as introductions of policy that failed to become law. Records include text of legislation as well as oral and written testimony. A comparison of the dates of enactment of laws in US states and Canadian provinces was made for BAC limits, administrative per se laws, special BAC limits for young drivers, and sanctions for DWI convictions. Federal legislation that provides incentives for passage of state laws in the US has not resulted in across the board passage of .08 or open container laws. Canadian provinces have uniformly lower BAC limits, and stricter penalties for DWI violations.

Introduction

In the past 40 to 50 years there have been significant advances in raising awareness of drinking and driving and related casualties, identifying response options, implementing interventions and monitoring their impacts. Among the many chronic and acute problems that have been associated with heavy alcohol consumption, it is the drinking and driving arena that has, arguably, attracted the greatest attention involving a combination of prevention efforts, detection, regulatory responses and law enforcement, and epidemiological, psychological and evaluative research. In United States, Canada and a number of other countries a combination of responses

has emerged at national, regional and local levels. As a result of increased social concerns about drinking and driving, attitude changes about drinking and driving, and a combination of voluntary action and law enforcement interventions, rates of drinking and driving crashes and incidents have declined in the past few decades.^{1,2}

Ross³ has described three types of countermeasures used to deter drunk driving. Within each type, there are several strategies that have been implemented and tested with varying degrees of success. Law and criminal justice countermeasures focus on deterrence of drunk driving, without necessarily addressing the underlying issues involved. These measures include but are not limited to: lowering of the legal BAC limit for DWI arrests; administrative per se laws that allow for immediate temporary license suspension upon refusal to submit to a BAC test; mandatory treatment or educational programs for convicted drunk drivers; minimum sentences for specific offences or repeated offences; and zero-tolerance laws for people who are under the legal minimum drinking age. Ross states that criminal law has its greatest effect on people who are sensitive to the threat of punishment for offences, as opposed to those who are apprehended for offences. In other words, the perception that punishment will occur has a much greater deterrent effect than the actual occurrence of punishment.

US and Canadian DWI laws differ in that essentially all DWI law in the US is governed by state statutes, and several Canadian policies are a part of the Canadian Criminal Code, and therefore set by the national Parliament. Over the last 10 years, there have been numerous efforts to pass .08 and other DWI legislation in the US and to add additional constraints in Canadian provinces. The legislation includes administrative license suspension, roadside license suspension and special BAC limits for youth. Many of these efforts have failed, while others have passed and been implemented as law. The federal government in the US has attempted to use financial incentives in order to encourage states to pass more stringent DWI laws. In the most recent highway funding legislation, The Transportation Equity Act for the 21st Century (TEA21)², the US Congress enacted provisions for: lowering the blood alcohol concentration (BAC) for DWI to 80 mg% (.08); prohibiting the presence of open containers of alcohol in the passenger compartment of a vehicle; and stricter sanctions for repeat DWI offenders.

It is estimated that lowering the BAC limit to .08 would save approximately 400-500 lives in the US each year². Eliminating the presence of open containers of alcohol from passenger compartments of vehicles would work to eliminate driving while drinking alcohol. Specific sanctions for repeat DWI offenders such as the use of interlock devices³, or combinations of legal sanctions and treatment^{4,5} have been demonstrated to have a significant deterrent effect on repeat offenders. There are no federal DWI laws in the US as there are in Canada, where the Canadian Criminal Code covers the most serious DWI offenses. In the US, the severity of an offense (criminal or misdemeanor) is decided upon at the state level. Another significant difference between the 2 countries is that the minimum legal drinking age (MLDA) is 21 years of age in all US states and the District of Columbia, whereas the MLDA in Canadian provinces is 18 or 19 years of age.

Methods

Legislative records and history have been reviewed in order to determine dates of passage of laws as well as introductions of policy that failed to become law. Records include text of legislation as well as oral and written testimony. A comparison of proportions of US states and Canadian

provinces that have enacted specific laws was made for BAC limits, administrative per se laws, special BAC limits for young drivers, and open container legislation. While we reviewed the sanctions that are imposed in various states and provinces, the range of sanctions is wide, and is not summarized for this paper.

Results

The primary differences between US and Canadian DWI laws are that overall, Canadian laws are stricter, even among individual provinces. There are no states in the US that have a BAC limit for DWI lower than .08, and all states have yet to pass the .08 BAC law. In addition, while all Canadian provinces have open container laws, only 31 (60.9%) US states have passed these laws. While all US states have a lower BAC for initiation of DWI charges in drivers under the MLDA of age 21, Canadian provinces have lower BAC limits both for underage drinkers and new drivers, regardless of age.

Table 1 provides a comparison of selected DWI laws for the US and Canada. It provides the ratio of states and provinces that have similar laws.

Table 1: Selected US state and Canadian province DWI laws

	U.S.	Canada
BAC limit of .10	22/51	0
BAC limit of .08	29/51	10/10
BAC limit of .05	0	8/10
BAC limit of .04	0	1/10
Administrative license suspension/revocation	48/51	8/10
Graduated licensure	30/51	10/10
Special BAC level for young drivers	51/51	9/10
Special BAC level for new drivers	0	8/10
Open container law	31/51	10/10
Stricter repeat offender penalties	24/51	10/10

There is a great deal of variability in the US states with respect to the seriousness of charges imposed when there are injuries or deaths that result from an alcohol-related crash. In several states, these incidents are classified as misdemeanours, and are not considered serious criminal offences, whereas other states classify them in a way that is similar to serious assaults or homicide. In Canada, these offences are under the Canadian Criminal Code, and are considered to be serious criminal offences that result in the imposition of penalties such as loss of driving privileges for up to 10 years, or up to lifetime in prison if a death occurs.

Discussion

Controversies in recent years have centered around attempts to lower the legal BAC limit; lower BAC limits for drivers under the minimum legal drinking age and lower BAC limits for repeat DWI offenders⁸. Mann, et al,⁹ reviewed the impact of lower legal BAC limits in the US, Canada and international jurisdictions and found beneficial effects of the lower limits on traffic safety. There is considerable variation over time and across jurisdictions with regard to these interventions. Many European countries have legal BAC limits that are 50 mg% (.05), and even lower, whereas in North America the BAC limit tends to be higher.

The current attempt to mandate passage of stricter state and provincial laws related to DWI is based in the concept of federal mandates that have been used in the past. In the US, these mandates have tied passage of state legislation to highway funding and have had some success. In 1986, the final rule implementing the National Minimum Legal Drinking Age (MLDA) law was enacted and was effective in ensuring that all states in the US enacted a MLDA of 21.¹⁰ The Intermodal Surface Transportation Equity Act of 1991 also tied federal mandates to highway funding, but was not successful in prompting all states to pass motorcycle helmet legislation.¹¹ At this point in time, there is some success with the federal mandates in the US, but there is resistance from state legislators who are opposed to such mandates.

This study provides insight into the differences between US and Canadian DWI policy. One primary difference between US and Canadian laws is the existence of federal laws. Canadian provinces have uniformly lower BAC limits, and stricter penalties for DWI violations. Federal legislation in the US that provides incentives for passage of state laws has not yet resulted in across the board passage of .08 BAC limits or open container laws. Canadian provincial laws tend to be more restrictive than the laws in US states, and there appears to be more uniformity across provinces than across states. Further investigation into the differential impact of the policies that have been implemented will provide information on whether there is a need for more restrictive policies in the US. Another area of exploration will include an assessment of the relative differences in DWI offences and crashes in drivers who are below the MLDA, as well as Canadian drivers who are ages 19 and 20, in order to assess differences related to the differing MLDA's in the US and Canada.

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